

## Application for Registered Child Care Provider in Provider's Home

☐ Mr. \_\_\_\_\_  
☐ Ms. \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Telephone No. (\_\_\_\_) \_\_\_\_\_ Cell/Emergency Contact: (\_\_\_\_) \_\_\_\_\_  
(A land line or continuously operating cell phone is required in the home where care is provided)

Street Address: \_\_\_\_\_  
(Do not place P.O. Box on this line)

Mailing Address: \_\_\_\_\_  
(If different)

Email Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County where Child(ren) lives: \_\_\_\_\_

**You Shall Not Be Paid Until All Requirements  
and Registration Forms are Received, Processed and Approved**

**List All Adults Living in the Home (Eighteen (18) years of age or older):**

First Name	Middle Name	Last Name	Relationship	Date of Birth	Social Security #

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**List All Children under Age Eighteen (18) Living in the Home (If more room is needed, attach another sheet.) :**

Child's Name (First, MI, Last)	Date of Birth	Relationship to You

### Statement of Child Care Provider

I certify that neither I, nor anyone who has my permission to be in my home during hours of operation, has been convicted or has had a substantiated report of child abuse, neglect, or exploitation or is an excessive user of alcohol or a user of illegal drugs. I understand that the Department for Community Based Services shall review the records to determine if I, or an adult member of my household, have ever had an allegation of child abuse, neglect, or exploitation substantiated by the Cabinet.

I agree not to use any form of abusive language and or corporal physical discipline on any child (ren) entrusted in my care, including the use of spanking, shaking, or paddling, as a means of punishment, discipline, behavior modification, or for any other reason. "Corporal physical discipline" means the deliberate infliction of physical pain and does not include spontaneous physical contact which is intended to protect a child from immediate danger.

I agree to provide a safe and healthy environment for children in my care and to help them to grow, develop, and learn through age appropriate activities.

☐ I have reviewed and secured all items listed below in my home. (Please check each item)

#### **I certify:**

- ☐ My home and play areas used by children are safe and have adequate light, heat, and ventilation.
- ☐ I have at least one working phone where I can be reached at all times when I care for children.
- ☐ I have a list of emergency telephone numbers for fire, police, poison, and medical personnel.
- ☐ I have a refrigerator in working order.
- ☐ I have an adequate and safe water supply.
- ☐ I have smoke detectors and a fire extinguisher in the areas where I care for children.
- ☐ I have at least one unblocked exit to the outside in areas where I care for children.
- ☐ If my home has an attached garage or fuel burning appliances, I have a carbon monoxide detector in the areas where I care for children.
- ☐ I have covers over electrical outlets when not in use.
- ☐ If I care for a child under the age of three (3), I have protective gates at all stairways.
- ☐ All stairs in and out of my home are in good repair and have rails.
- ☐ I have safety guards on wood burning stoves, electric fans, floor furnaces, freestanding heaters and fireplaces.

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- ☐ I keep items which are hazardous (including but not limited to items such as knives, scissors, nails, power and hand tools, medications, matches, alcoholic beverages, flammable products, combustible products, cleaning supplies, insecticides, lawn mowers, cigarettes, firearms or other weapons, ammunition) properly stored and inaccessible to children.
- ☐ I have first aid supplies that include soap, band aids, sterile gauze, and adhesive tape.

### **I will:**

- ☐ Keep my home clean, uncluttered and free of insect and rodent infestation.
- ☐ Wash my hands with liquid soap and running water before and after diapering, food preparation and eating, and at all other times necessary to prevent the spread of disease.
- ☐ Dispose of all trash in a sanitary manner.
- ☐ Vaccinate my pets and assure children are not left alone with them.
- ☐ Obtain written permission from the parents of any child in my care whom I transport.
- ☐ Use seatbelts and car seats as required by KRS 189.125(3) and (6) when transporting children in my care.
- ☐ Care for no more than eight (8) children, including my own or related children, per day.
- ☐ I have read and understand that subsidized child care payments will not be authorized to me unless all requirements of registration are met. I understand I am not an employee or contractor of the Cabinet for Health and Family Services. I certify that all information provided on this application form is complete and correct. I understand that if I give false information or withhold information I may be subject to prosecution for fraud.

**I understand the Child Care Assistance Program will not pay for services for more than three (3) unrelated children or up to six (6) children if they are a sibling group and related to me. I understand that the maximum number of children I may care for during the hours of operation is eight (8) which includes my own children, other related children, and unrelated children.**

**I understand all Registered Providers will be required to have annual home visits made at the Provider's home.**

**I understand NEW Registered Providers will be required to have a home safety inspection prior to becoming conditionally approved.**

**I understand the initial home visit will be within ninety (90) days of the Registered Provider's approval with a DCC-107A Registered Provider Home Safety Checklist completed.**

**I understand I must provide verification of obtaining six (6) hours of Orientation for Early Care and Education Professionals, one and a half (1 ½) hours of Pediatric Abusive Head Trauma training, and training on CCAP billing and the DCC-94E Child Care Daily Attendance Record.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Child Care Provider Applicant